

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K72800** (1)

1. Corporation Name

MORGAN CONTAINER & TRAILER REPAIR, INC.



Principal Place of Business

**4129-100 SPORTSMAN CLUB RD.
JAX FL 32219
US**

Mailing Address

**4129-100 SPORTSMAN CLUB RD.
JAX FL 32219
US**

3. Date Incorporated or Qualified
03/15/1989

3a. Date of Last Report
02/06/1995

4. FEI Number

59-2939013

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRAWFORD, SABRA
6553 WEST FIFTH ST.
JACKSONVILLE FL 32254**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent and the corporation)

(Signature of Registered Agent or Registered Agent and the corporation)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
**DP
CRAWFORD, SABRA
6553 W. FIFTH ST.
JACKSONVILLE FL**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

1.1 TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

NAME

3.1 NAME

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

NAME

4.1 NAME

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

NAME

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

NAME

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

NAME

NAME

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sabra Crawford Pres. 1/23/96

Date

Signature

CR2E034 (12/95)